

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047966

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 145

FILED JAN 8 1963

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Looney Township</u>		c. CITY OR TOWN <u>Walnut Grove</u>	
Length of stay in 1b <u>5 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural-Looney</u>		d. STREET ADDRESS (If outside, give location) <u>Route #3</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>VERDA</u> Middle <u>MARIE</u> Last <u>STAATZ</u>			4. DATE OF DEATH Month <u>12</u> Day <u>13</u> Year <u>62</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-22-07</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>55</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Birdsong</u>		13b. MOTHER'S MAIDEN NAME <u>Dollie Buckner</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
17. INFORMANT <u>Mr. J. B. Pendergraph</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>presumed to be natural causes</u>		19. ADDRESS <u>Route #3 Walnut Grove, Mo.</u>	

20. TIME OF INJURY Hour <u>2:15</u> a.m. <u>p.</u> Month, Day, Year <u>12-15-62</u>		21. 1 attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Ralph Gordon</u>		22b. ADDRESS <u>Local Registrar Bolivar, Mo.</u>	
22c. DATE SIGNED <u>Jan. 4-1963</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12-15-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Morrisville Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Polk County, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>Jan. 4, 1963</u>	
23f. REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		23g. ADDRESS <u>Bolivar, Mo.</u>	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 0840

2 0840

3

4 1

5 2

6

7 0

8 0

9 7954

10

11

12 908

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Larry R. Tillery*  
\_\_\_\_\_  
Licensed Embalmer No. *5166*

P. O. Address

*Bolivar, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.